

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594464

FILING DATE

FEB 14 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5	/					
6	3					
7	/					
8	/					
9	/					
10	3					
11	/					
12	/					
13	/					
14	/					
15	/					
16	3					
17	/					
18	/					
19	/					
20	3					
21	/					
22	/					
23	6					
24	0					
25						
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47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	24	←	←	←	←	←
TOTAL CLAIMS	29	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		████████	████████	████████	████████	████████